

Changes to Annual Utilization Report of Hospitals – 2006

December 1, 2006

New and/or Revised Data Items

Section 3 – Inpatient Services

- Line 35 – Newborn Nursery Information – Col. 3 – Changed Nursery Discharges to Nursery Infants with notation that Nursery Infants are the “normal” newborn nursery equivalent to discharges from licensed beds.

Section 4 – Emergency Medical Services (EMS)

- Line 50 – Table Title changed from “Emergency Department Closure/ Ambulance Diversion Hours” to “Emergency Department Ambulance Diversion Hours” with statement “At any time during the year was the ED forced to divert ambulances to another facility? If ‘yes’ fill out lines 51 through 62 below.”
- Lines 51 through 65 - Table Title changed from “Number of Hours Emergency Department Was Closed” to “Number of Ambulance Diversion Hours that occurred at Emergency Department”.

Section 5 – Surgery and Related Services

- Lines 31 through 33 – Table Title changed from “Alternate Birthing Center Information to “Alternate Birthing (Outpatient) Center Information. The word “outpatient” is added to alternate birthing program on line 31 for clarification.
- Line 36 – The word “outpatient” is added to alternative setting.

**Changes to
Annual Utilization Report of Long-term Care Facilities – 2006**

December 1, 2006

New and/or Revised Data Items

Section 3 – Patients Admitted From and Discharged to

- Line 15 – Residential Board & Care – Added notation to include RCFE, ARF, Other Assisted Living Facilities, or a secured facility such as an Alzheimer's unit, jail or prison.
- Line 17 – Added "AMA" Against Medical Advice to "AWOL" for discharge.

**Changes to
Annual Utilization Report of Primary Care Clinics – 2006**

December 1, 2006

New and/or Revised Data Items

Section 2 – FTEs and Encounters by Primary Care Provider

- “Acupuncturists” are being deleted from the footnote for Other Provider billable to Medi-Cal.

Section 2 – FTEs and Contacts by Primary Care Provider

- The heading for this Table is being changed to FTE’s and Contacts by Clinical Support Staff.

Section 4 – Encounters by Principal Diagnosis

- Line 18 – On Factors influencing Health Status and Contact with Health Services changed ICD-9 Codes to “V01-V85”.

Section 5 – Encounters by Principal Service

- Line 4 – On Consultations changed CPT Codes from “99241-99275” to “99241-99255”.
- Line 5 – On Other Evaluation and Management Services changed CPT Codes from “99450-99456, 99499” to “99450-99499”.
- Line 11 – On Anesthesia added CPT Codes “99143-99150”.
- Line 30 – On Medicine – Special Services changed CPT Codes from “99141-99199” to “99170-99199”.
- Line 33 – On CPT Category III Codes changed CPT Codes from “0003T-0111T” to “0003T-016T”.

Section 5 – Selected Procedure Codes

- Line 60 – On DTap, DTP, Diphtheria and Tetanus added CPT Code “90698”.

- Line 66 – Added “Varicella (MMRV)” to Measles, Mumps and Rubella (MMR) and changed CPT Codes from “90707” to “90704-90708, 90710”.

Section 7 – Income Statement

- Line 5 – Under State Funds, changed from “State Funds” with sub-category “EAPC”.
- Line 6 – Changed from “County Funds” to sub-category “Other” under State Funds.
- Line 7 – Changed from “Local (City or District) Funds to “County Funds” with sub-category “LA County Public Private Partnership”.
- Line 8 – Changed from “Private” to sub-category “Alameda Alliance for Health” under County Funds.
- Line 9 – Changed from “Donations/Contributions” to sub-category “San Diego County Medical Plan” under County Funds.
- Line 10 – Added sub-category “Other County Grant Programs” under County Funds.
- Line 11 – Added Local (City or District) Funds
- Line 12 – Added Private
- Line 13 – Added Donations/Contributions

**Changes to
Annual Utilization Report of Specialty Clinics – 2006**

December 1, 2006

New and/or Revised Data Items

The Budget Act, AFL – L&C 2006/2007 Fee Schedule from Department of Health Services was signed effective July 1, 2006. A new methodology on health facilities' license fees and penalty on late license renewal fees are in place. The license renewal fees for surgical and dialysis clinics are no longer being calculated based on the information from the Income Statement (Section 4). Therefore the notation has been deleted.

**Changes to
Annual Utilization Report of Home Health Agencies/Hospices – 2006**

December 1, 2006

New and/or Revised Data Items

Section 2 – Patient Information

The heading for this Table is changed from “Patient Information” to “Persons Receiving Services”. Detail definitions on “patient” and “person” can be found at the Glossary.

Line 30 – Changed “unduplicated patients” to “unduplicated persons”.

Section 4 – Patients and Visits by Principal Diagnosis for Which Care was Given

Line 33 – On Other health services for specific procedures and aftercare changed ICD-9-CM Code from “V50.0-V58.9” to “V50.0-V59.9”.

Line 34 – On Visits for Evaluation and Assessment changed ICD-9-CM Code from “V60.0-V84.8” to “V60.0-V85.4”.

At Footnotes: Deleted V59.01-V59.9